24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VOTE 2 REDUCE DEBT (V2RD)	C C00563064
	G cossess.
Check if 24-hour report 48-hour report New report Amends report filed	d on 10 12 2014
Full Name of Payee	Date of Public Distribution/Dissemination
ccAdvertising	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14001C Saint German Dr	Amount
Ste 353	
City State Zip Code	1092.42
Centerville VA 20121	Transaction ID : SE.5520 Date of Disbursement or Obligation
Purpose of Expenditure Voter ID Lists Category/ Type	09 / 05 / Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:
DAN SULLIVAN Oppose	President State: AK
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
PERSON TO PERSON PAC	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 49336	
	Amount
City State Zip Code	5555.55
COLORADO SPRINGS CO 80494	Transaction ID : SE.5297 Date of Disbursement or Obligation
Purpose of Expenditure National Field Operations Services and Staff Category/ Type	08 / 19 / 2014
Name of Federal Candidate Support Office	ee Sought: House District:
DAN SULLIVAN Oppose	President State: AK
Calendar Year-To-Date Per Election for Office Sought Disb 26487.48	oursement For: Primary General Other (specify)
	care. (epoolity) -
(a) SUBTOTAL of Itemized Independent Expenditures	6647.97
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	10 12 2014
Signature	